


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # 768556		
1. Entity Name LAGO GRANDE THREE CONDOMINIUMS ASSOCIATION, INC.		
Principal Place of Business 6520 W. 24TH CT HIALEAH, FL 33016 US	Mailing Address 6520 W. 24TH CT HIALEAH, FL 33016 US	



01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2391202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROUGH, CHADROW & LEVINE, P.A.
1900 NORTH COMMERCE PKWY
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRANO, ROBERTO 7750 W 26 AVE, SUITE 4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORGE, JOSE 7750 W 26 AVE, SUITE 4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, PEDRO 7750 W 26 AVE, SUITE 4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/08-80090:025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO SERRANO

Date

(305) 557-4283
Daytime Phone #